

State of California

Application For QSI Certification

Date: _____

Personal Information

First Name _____ Middle Name _____ Last Name _____ Social Security Number _____
Street Address _____ City _____
State _____ Zip Code _____ Phone _____

☐ Check if name and address may be released to parties requesting a list of QSI Certified Inspectors.

Examination Location Desired

☐ Anaheim ☐ Sacramento
Do you need reasonable accommodation to take this exam? ☐ Yes ☐ No
Have you ever applied for this examination before? ☐ Yes ☐ No If Yes, give date. _____

Method of Qualifying

I. ☐ Licensed Engineer [per 344.10(c)(1)] License Number _____ State Issued _____
Experience. (Describe duties and dates of employment evidencing 2 years experience in the amusement ride industry of which at least 1 year consists of actual inspection of amusement rides.)

1st Employer

From (mm/yy)	To (mm/yy)	Job title
Hours per week	Total worked (years/months)	Company
Supervisor	Phone	Address

2nd Employer

From (mm/yy)	To (mm/yy)	Job title
Hours per week	Total worked (years/months)	Company
Supervisor	Phone	Address

Education and Training

Additional Information: Explain other skills and/or list additional skills, aptitudes, or educational courses or degrees you have which you feel could qualify you as a Qualified Safety Inspector in the State of California. List trade certifications, NDT training courses, NAARSO or AIMS certifications. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance.

Method of Qualifying

II. ☐ Non-Engineer [per 344.10(c)(2)] Evidence of 80 hours of Continuing Education Must be Attached
Experience. (Describe duties and dates of employment evidencing 5 years experience in the amusement ride industry of which 2 years consists of actual inspection of amusement rides.)

1st Employer

From (mm/yy)	To (mm/yy)	Job title
Hours per week	Total worked (years/months)	Company
Supervisor	Phone	Address

2nd Employer

From (mm/yy)	To (mm/yy)	Job title
Hours per week	Total worked (years/months)	Company
Supervisor	Phone	Address

3rd Employer

From (mm/yy)	To (mm/yy)	Job title
Hours per week	Total worked (years/months)	Company
Supervisor	Phone	Address

Education and Training

Additional Information: Explain other skills and/or list additional skills, aptitudes, or educational courses or degrees you have which you feel could qualify you as a Qualified Safety Inspector in the State of California. List trade certifications, NDT training courses, NAARSO or AIMS certifications. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the certification process. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California. All documents submitted will remain confidential.

The application fee for the biennial QSI Certificate shall be five hundred dollars (\$500.00) Title 8 344.16(a). The fee shall be attached to this application as a check made out to the Department of Industrial Relations PAR Inspection Fund.

Two passport photos must be enclosed with this application. Digital format will be accepted as preferred.

Return Application to:

State of California
DIR-DOSH / PAR Certification Section
2424 Arden Way Suite 340
Sacramento, CA 95825

Applicant Signature	Date
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